

## Parental Permission for Medication/Medication Administration

Use this form to obtain written permission for any prescription or non-prescription medication the parent/guardian may ask you to administer. Use the log below to document the medication you have given.

I, \_\_\_\_\_ give my permission to \_\_\_\_\_  
(Parent's/Guardian's name)

\_\_\_\_\_ to administer the following medication to  
(Educator/s)

\_\_\_\_\_ beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
(Child's Name) (Date) (Date)

Name of medication

(dosage, # of times per day and # of days for that week the medication is to be administered)

\_\_\_\_\_ My child has taken this medication before.

\_\_\_\_\_ My child had not taken this medication before I gave it to my child on \_\_\_\_\_ at \_\_\_\_\_  
date time

Parent's/Guardian's

Signature

Date

### Medication Administration

Name of Child: \_\_\_\_\_

Date	Time	Medication Dosage	Method of Administration	Given By